

UNITED STATES BANKRUPTCY COURT
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)

In Re:

Case No.: _____

Chapter: _____

Judge: _____

**CERTIFICATION OF DEBTOR'S COUNSEL
SUPPORTING SUPPLEMENTAL CHAPTER 13 FEE**

**THIS FORM MAY NOT BE USED TO REQUEST APPROVAL OF FEES IN CASES
FILED UNDER, OR CONVERTED TO, CHAPTER 13 ON OR AFTER AUGUST 1, 2018.**

_____, Esquire, certifies as follows:

1. I represent the debtor in connection with the following proceeding(s) in debtor's chapter 13 case:

STANDARD FEES

☐ Prosecution of motion on behalf of debtor. \$500.00

Nature of motion: _____

Hearing date(s): _____

☐ Defense of motion on behalf of debtor (Including filing Objection to Creditor's or Trustee's Certification of Default). \$400.00

Nature of motion: _____

Hearing date(s): _____

☐ Additional court appearance(s). (Not to exceed three). \$100.00

Purpose: _____

Hearing date(s): _____

☐ Filing and appearance on a modified Chapter 13 Plan. \$300.00

☐ Preparation of Wage Order \$100.00

☐ Preparation and filing of Amendments to Schedules D, E, F, G, H or List of Creditors \$100.00

☐ Preparation and filing of other amended schedules \$100.00

☐ Preparation and filing of Application for Retention of Professional \$200.00

☐ Preparation and filing of Notice of Sale or Settlement of Controversy \$100.00

NON-STANDARD FEES

Do not combine standard and non-standard fees for the same motion or service. If you believe the standard fee is inappropriate for services in a particular instance, you must request only non-standard fees for that particular service.

Describe non-standard services in detail, and attach a time detail (including applicable hourly rates) as Exhibit A: _____

Describe non-standard expenses in detail:

2. To date, in this case:

I have applied for fees (including original retainer) in the amount of: _____

To date, I have received: _____

3. I seek compensation for services rendered in the amount of \$ _____ payable:

☐ through the chapter 13 plan as an administrative priority.

☐ outside the plan.

4. ☐ This allowance will not impact on plan payments.

☐ This allowance will impact on plan payments.

Present plan: \$ _____ per month for _____ months.

Proposed Plan: \$ _____ per month for _____ months.

5. I have not filed a supplemental fee application within the preceding 120 days.

I certify under penalty of perjury that the above is true.

Date: _____

Signature

rev. 8/1/18